

Carrier:
Respondent:
Phone:
Fax:
Email:

New Jersey
Individual Health Coverage Program
Quarterly Enrollment Report
Part 1 of Exhibit L

	Issued Prior to 8/1/93	Plan A Indemnity	Plan A/50 Indemnity	Plan B Indemnity	PPO	Plan C Indemnity	PPO/POS	Plan D Indemnity	PPO/POS	Plan E Indemnity	PPO/POS	HMO Plans	Total Plans
A. Report by Contract													
I. # of Contracts Inforce Beginning of Period	-	-	-	-	-	-	-	-	-	-	-	-	-
II. # of New Sales and Conversions Issued During Period													
1. # of New Contracts Issued to Employed Individuals			-	-	-	-	-	-	-			-	-
2. # of New Contracts Issued to Unemployed Individuals			-	-	-	-	-	-	-			-	-
3. # of New Contracts Issued with Unknown Employment Status			-	-	-	-	-	-	-			-	-
4. # of Replacement Contracts Issued to Previously Insured Individuals			-	-	-	-	-	-	-			-	-
5. # of Replacement Contracts Issued to Previously Uninsured Individuals			-	-	-	-	-	-	-			-	-
6. # of Contracts Issued with Unknown Replacement Status			-	-	-	-	-	-	-			-	-
III. # of Contracts Lapsed in Period	-	-	-	-	-	-	-	-	-	-	-	-	-
IV. # of Contracts Inforce End of Period [IV=(I+II)-III]	-	-	-	-	-	-	-	-	-	-	-	-	-

B. Report by Persons Insured													
I. # Insured Beginning of Period	-	-	-	-	-	-	-	-	-	-	-	-	-
II. # of New Insureds During Period			-	-	-	-	-	-	-			-	-
III. # of Insureds Lapsed During Period	-	-	-	-	-	-	-	-	-	-	-	-	-
IV. # Insured End of Period [IV=(I+II)-III]	-	-	-	-	-	-	-	-	-	-	-	-	-

C. Report of Contracts by Rating Category													
I. # of Single Contracts	-	-	-	-	-	-	-	-	-	-	-	-	-
II. # of Husband and Wife Contracts	-	-	-	-	-	-	-	-	-	-	-	-	-
III. # of Parent and Child(ren) Contracts	-	-	-	-	-	-	-	-	-	-	-	-	-
IV. # of Family Contracts	-	-	-	-	-	-	-	-	-	-	-	-	-
V. # of Child(ren) only Contracts													
VI. # of Contracts Inforce End of Period [VI=I+II+III+IV+V]	-	-	-	-	-	-	-	-	-	-	-	-	-

D. Report of Contracts by Deductible/Copayment Option (End of Period)													
I. # of Contracts with \$10 Copay	-	-			-		-	-	-	-	-	-	-
II. # of Contracts with \$500 Deductible or \$15 Copay					-		-	-	-			-	-
III. # of Contracts with \$1000 Deductible or \$20 Copay			-	-	-	-	-	-	-			-	-
IV. # of Contracts with \$2500 Deductible or \$30 Copay			-	-	-	-	-	-	-			-	-
V. # of Contracts with \$1500, \$2250, \$3000, or \$4500 Deductible						-	-	-	-			-	-
VI. # of Contracts with Inflation-Adjusted Deductible						-	-	-	-			-	-
VII. # of Contracts with \$5000 Deductible			-									-	-
VIII. # of Contracts with \$10000 Deductible												-	-
IX. # of Contracts Inforce End of Period [IX=I+II+III+IV+V+VI+VII+VIII]	-	-	-	-	-	-	-	-	-	-	-	-	-

% of Contracts Issued to Persons Previously Uninsured	-
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Note: A.IV=C.V=D.IX
